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Variable  Col Len Format  Frequency ComQues# FacQues#  Variable Type & Label
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The Outpatient Hospital Events file contains data individual hospital outpatient events for the
MCBS population.

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RIC        1  2                                 C RIC CODE FOR ADMIN IDENTIFICATION RECORD

VERSION    3  1                                 C VERSION NUMBER

BASEID     4  8                                 C UNIQUE IDENTIFICATION NUMBER

EVNTNUM   14  4  $EVNTNUM                        C UNIQUE EVENT IDENTIFIER

                            24,894       C000-C999 EVENT CREATED FROM CLAIM
                            32,550       0000-9999 SURVEY REPORTED EVENT

OREVTYPE  18  2  $EVNTTYP                        C ORIGINAL REPORTED EVENT TYPE

                            24,894               INAPPLICABLE
                                 0       DU DENTAL
                             2,520       ER EMERGENCY ROOM
                               568       IP INPATIENT
                                 0       IU INSTITUTIONAL UTILIZATION
                             9,112       MP MEDICAL PROVIDER
                               350       OM OTHER MEDICAL EXPENSE
                            19,209       OP OUTPATIENT
                                 0       PM PRESCRIBED MEDICINE
                               253       SD SEP BILLING DOCTOR
                               538       SL SEP BILLING LAB

CLAIMID   20  7                                 N CLAIM THIS SURVEY EVENT MATCHED TO

FROMDT    27  6                                 C FROM DATE ON CLAIM

THRUDT    33  6                                 C THRU DATE ON CLAIM

EVBEGYY   39  2  $EVYY                           C EVENT BEGIN YEAR

                                 0               INAPPLICABLE
                                87       -1 INAPPLICABLE
                                12       -8 DK
                            57,345       00-99 YEAR

EVBEGMM   41  2  $EVMM                           C EVENT BEGIN MONTH

                                 0               INAPPLICABLE
                                87       -1 INAPPLICABLE
                               172       -8 DK
                                 4       -9 NOT ASCERTAINED
                            57,181       01-12 MONTH
                                 0       95 STILL IN PROGRESS

EVBEGDD   43  2  $EVDD                           C EVENT BEGIN YEAR

                                 0               INAPPLICABLE
                                87       -1 INAPPLICABLE
                             7,133       -5 MULTIPLE VISITS THIS MONTH
                                 3       -7 REFUSED
                             3,483       -8 DK
                                 4       -9 NOT ASCERTAINED
                            46,734       01-31 DAY OF MONTH
```

Variable	Col	Len	Format	Frequency	ComQues#	FacQues#	Variable Type & Label
SOURCE	45	1	$SOURCE				C SOURCE OF EVENT: SURVEY, CLAIM, OR BOTH?
				11,961			1 SURVEY ONLY
				24,894			2 CLAIMS ONLY
				20,589			3 BOTH SURVEY & CLAIMS
SITCODE	46	1	$SITCODE				C COMMUNITY OR FACILITY SETTING?
				9			B BOTH COMM & FACILITY
				49,492			C COMMUNITY
				1,378			D DEEMED COMMUNITY
				6,041			F FACILITY
				63			G DEEMED FACILITY
				461			S SNF
AMTTOT	47	9					N TOTAL PAYMENT
IMPATOT	56	1	IMPFLAG				N IMPUTATION FLAG: AMT TOTAL PAYMENT
				39,499			0 NOT IMPUTED
				17,945			1 IMPUTED
AMTCOV	57	9					N PORTION OF TOTAL PAY COV BY MEDICARE
AMTNCOV	66	9					N PORTION OF TOTAL PAY NOT COV BY MEDICARE
AMTCARE	75	9					N AMOUNT PAID BY MEDICARE
IMPSCARE	84	1	IMPFLAG				N IMPUTATION FLAG: SOP MEDICARE
				57,320			0 NOT IMPUTED
				124			1 IMPUTED
IMPACARE	85	1	IMPFLAG				N IMPUTATION FLAG: AMT MEDICARE
				55,125			0 NOT IMPUTED
				2,319			1 IMPUTED
AMTCAID	86	9					N AMOUNT PAID BY MEDICAID
IMPSCAID	95	1	IMPFLAG				N IMPUTATION FLAG: SOP MEDICAID
				53,188			0 NOT IMPUTED
				4,256			1 IMPUTED
IMPACAID	96	1	IMPFLAG				N IMPUTATION FLAG: AMT MEDICAID
				47,427			0 NOT IMPUTED
				10,017			1 IMPUTED
AMTHMOM	97	9					N AMOUNT PAID BY MEDICARE HMO
IMPSHMOM	106	1	IMPFLAG				N IMPUTATION FLAG: SOP MEDICARE HMO
				55,669			0 NOT IMPUTED
				1,775			1 IMPUTED
IMPAHMOM	107	1	IMPFLAG				N IMPUTATION FLAG: AMT MEDICARE HMO
				54,330			0 NOT IMPUTED
				3,114			1 IMPUTED

Variable	Col	Len	Format	Frequency	ComQues#	FacQues#	Variable Type & Label
AMTHMOP	108	9					N AMOUNT PAID BY PRIVATE HMO
IMPSHMOP	117	1	IMPFLAG				N IMPUTATION FLAG: SOP PRIVATE HMO
				56,593			0 NOT IMPUTED
				851			1 IMPUTED
IMPAHMOP	118	1	IMPFLAG				N IMPUTATION FLAG: AMT PRIVATE HMO
				56,254			0 NOT IMPUTED
				1,190			1 IMPUTED
AMTVA	119	9					N AMOUNT PAID BY VETERANS ADM
IMPSVA	128	1	IMPFLAG				N IMPUTATION FLAG: SOP VETERANS ADM
				57,387			0 NOT IMPUTED
				57			1 IMPUTED
IMPAVA	129	1	IMPFLAG				N IMPUTATION FLAG: AMT VETERANS ADM
				56,823			0 NOT IMPUTED
				621			1 IMPUTED
AMTPRVE	130	9					N AMOUNT PAID BY PRIV INS (EMPLOYER SPONS)
IMPSPRVE	139	1	IMPFLAG				N IMPUTATION FLAG: SOP PRIV INS-EMPLOYER
				53,222			0 NOT IMPUTED
				4,222			1 IMPUTED
IMPAPRVE	140	1	IMPFLAG				N IMPUTATION FLAG: AMT PRIV INS-EMPLOYER
				51,933			0 NOT IMPUTED
				5,511			1 IMPUTED
AMTPRVI	141	9					N AMOUNT PAID BY PRIV INS (INDIV PURCH)
IMPSPRVI	150	1	IMPFLAG				N IMPUTATION FLAG: SOP PRIV INS-INDIV PUR
				52,799			0 NOT IMPUTED
				4,645			1 IMPUTED
IMPAPRVI	151	1	IMPFLAG				N IMPUTATION FLAG: AMT PRIV INS-INDIV PUR
				51,678			0 NOT IMPUTED
				5,766			1 IMPUTED
AMTPRVU	152	9					N AMOUNT PAID BY PRIV INS (UNKNOWN PURCH)
IMPSPRVU	161	1	IMPFLAG				N IMPUTATION FLAG: SOP PRIV INS-UNKNOWN
				56,897			0 NOT IMPUTED
				547			1 IMPUTED
IMPAPRVU	162	1	IMPFLAG				N IMPUTATION FLAG: AMT PRIV INS-UNKNOWN
				56,897			0 NOT IMPUTED
				547			1 IMPUTED
AMTOOP	163	9					N AMOUNT PAID BY PERSON/FAMILY

01/09/03   **MEDICARE CURRENT BENEFICIARY SURVEY**   RIC: **OPE**
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Variable	Col	Len	Format	Frequency	ComQues#	FacQues#	Variable Type & Label
IMPSOOP	172	1	IMPFLAG				N IMPUTATION FLAG: SOP PAID BY PERSON
				50,911			0 NOT IMPUTED
				6,533			1 IMPUTED
IMPAOOP	173	1	IMPFLAG				N IMPUTATION FLAG: AMT PAID BY PERSON
				48,968			0 NOT IMPUTED
				8,476			1 IMPUTED
AMTDISC	174	9					N AMOUNT OF UNCOLLECTED LIABILITIES
IMPSDISC	183	1	IMPFLAG				N IMPUTATION FLAG: SOP UNCOLL LIAB
				55,859			0 NOT IMPUTED
				1,585			1 IMPUTED
IMPADISC	184	1	IMPFLAG				N IMPUTATION FLAG: AMT UNCOLL LIAB
				55,574			0 NOT IMPUTED
				1,870			1 IMPUTED
AMTOTH	185	9					N AMOUNT PAID BY OTHER SOURCES
IMPSOTH	194	1	IMPFLAG				N IMPUTATION FLAG: SOP OTHER SOURCES
				57,026			0 NOT IMPUTED
				418			1 IMPUTED
IMPAOTH	195	1	IMPFLAG				N IMPUTATION FLAG: AMT OTHER SOURCES
				56,407			0 NOT IMPUTED
				1,037			1 IMPUTED
ODIAGCNT	196	2					N NUMBER OF DIAGNOSIS CODES ON CLAIM
ODIAG1	198	5					C FIRST ICD-9 DIAGNOSIS CODE FROM CLAIM
ODIAG2	203	5					C SECOND ICD-9 DIAGNOSIS CODE FROM CLAIM
ODIAG3	208	5					C THIRD ICD-9 DIAGNOSIS CODE FROM CLAIM
HMO	213	1	$HMO				C EVENT PROVIDED BY AN HMO?
				50,546			0 EVENT NOT PROV BY HMO
				6,898			1 EVENT PROVIDED BY HMO